

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017363

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4088

STATE FILE NUMBER

FILED APR 25 1962

1. PLACE OF DEATH  
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **St. Louis**

Length of stay in lb  
**6 days**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** COUNTY

c. CITY OR TOWN **St. Louis**

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **St. John's Hospital**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
**1247 Hornsby Ave.**

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

**Fredrick**

**Vorwerk**

4. DATE OF DEATH  
Month Day Year  
**April 17, 1962**

5. SEX  
**male**

6. COLOR OR RACE  
**white**

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH  
**Aug. 4, 1883**

9. AGE (last birthday)  
IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**boiler room worker**

10b. KIND OF BUSINESS OR INDUSTRY  
**General Cable Co.**

11. BIRTHPLACE (City and state or country)  
**St. Louis, Mo.**

12. CITIZEN OF WHAT COUNTRY  
**U.S.A.**

13a. FATHER'S NAME

**Frank Vorwerk**

13b. MOTHER'S MAIDEN NAME

**Clara Kerber**

14. NAME OF HUSBAND OR WIFE

**deceased**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
**no**

17. INFORMANT  
Address  
**Helen Vorwerk 1247 Hornsby**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Pulmonary infarct**

INTERVAL BETWEEN ONSET AND DEATH  
**2 hours**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

**Myocardial infarction, generalized**

**Several years**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**450.0**

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **1-11-54** to **4-7-62** and last saw him alive on **4-7-62**  
Death occurred at **12:30 P** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

**John J. Fore J.D.**

22b. ADDRESS

**4703 Cartledge St. Louis 15**

22c. DATE SIGNED

**4-19-62**

23a. BURIAL, CREMATION, REMOVAL (Specify)

**burial**

23b. DATE

**Apr. 23 '62**

23c. NAME OF CEMETERY OR CREMATORY

**Calvary Cemetery**

23d. LOCATION (City, town, or county)

**St. Louis, Missouri**

24. FUNERAL DIRECTOR

ADDRESS

**4748**

25. DATE REC'D BY REG.

**APR 19 1962**

26. REGISTRAR'S SIGNATURE

**Earl Smith. M.D.**

**Bromschwig and Son W Florissant**

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

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208

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deceased  
 St. Louis  
 1847 Hornady Ave.  
 April 17, 1988  
 View  
 Fredrick  
 male  
 white  
 X  
 Aug. 4, 1988  
 78  
 U.S.A.  
 General Cable Co. St. Louis, Mo.  
 deceased  
 Frank Vorwerk  
 488-08-1718 Helen Vorwerk 1847 Hornady  
 no

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
 or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
 working under my personal supervision.

Student \_\_\_\_\_  
 Signature of Student Embalmer

Signed *John J. Haenes*  
 Licensed Embalmer No. 4108  
 P. O. Address *St Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
 If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
 If this body is not embalmed, fact should be so stated above.